

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000006882 (2)**

1. Corporation Name  
**PIONEER - RAM, INCORPORATED**

Principal Place of Business

**5000 E. 29TH ST., NORTH  
WICHITA KS 67220**

Mailing Address

**5000 E. 29TH ST., NORTH  
WICHITA KS 67220**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>4490-B S.W. 34th St</b>		26		12/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		48-1192385	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>Orlando, FL</b>		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 <b>32811</b>		25 <b>Orange</b>		29	
30		31		32	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

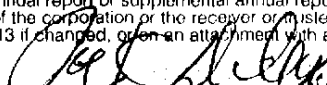
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <b>SRINIVASAN, GRANDAI</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>4490-B SW 34TH STREET</b>	1.2 NAME	<b>Ted A. Vlamis</b>
STREET ADDRESS	<b>ORLANDO FL</b>	1.3 STREET ADDRESS	<b>5000 E. 29th St North</b>
CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<b>Wichita, KS 67220</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VLAMIS, BETTY</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>5000 E 29TH ST. NORTH</b>	2.2 NAME	
STREET ADDRESS	<b>WICHITA KS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	<b>DILLARD, JOE</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5000 E 29TH ST. NORTH</b>	3.2 NAME	
STREET ADDRESS	<b>WICHITA KS</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CU</b> <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	<b>VLAMIS, TED A</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5000 E 29TH ST. NORTH</b>	4.2 NAME	
STREET ADDRESS	<b>WICHITA KS</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  (Joe K. Dillard, Treasurer, 1/28/98, (316) 695-2266)

CR2E034 (10/97)